

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537039

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND. DEP.		IND. DEP.		IND. DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/					
2	/		/					
3	/		/					
4	/		/					
5	①		/					
6	5		/					
7	10		/					
8	1		/					
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TOTAL IND.		↓	3	↓		↓		
TOTAL DEP.	←	12	←		←		←	
TOTAL CLAIMS			15					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND. DEP.		IND. DEP.		IND. DEP.			
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TOTAL IND.		↓			↓			
TOTAL DEP.	←				←		←	
TOTAL CLAIMS								